

No. C 100586		Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY CHILD CARE ASSOCIATION OF KOOTENAI COUNTY, INCORPORATED CHERYL STAFFORD 4201 N STAPLES AVE COEUR D ALENE ID 83815		CHERYL STAFFORD 4201 N STAPLES AVE COEUR D'ALENE ID 83815		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SHERRY JACOBS	3417 E. PINEHILL	COEUR D ALENE	ID	USA	83814
DIRECTOR	KATIE STAFFORD	2518 W VERSAILLES	COEUR D ALENE	ID	USA	83815
TREASURER	MIQUELLE TRAVERSE	4411 N. ARTHUR	COEUR D ALENE	ID	USA	83815
DIRECTOR	RONI MOORE	1506 W 7TH ST.	COEUR D ALENE	ID	USA	83814
DIRECTOR	MIQUELLE TRAVERSE	4411 N. ARTHUR	COEUR D ALENE	ID	USA	83815
SECRETARY	LINDA FAULK	1722 TULLIS	COEUR D ALENE	ID	USA	83815
PRESIDENT	CHERYL L STAFFORD	4201 N. STAPLES AVE.	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: ID C 100586		6. Annual Report must be signed.* Signature: Cheryl Stafford Name (type or print): Cheryl Stafford Date: 10/25/2010 Title: President				
Processed 10/25/2010		* Electronically provided signatures are accepted as original signatures.				